

Colorado Bureau of Investigation Name Check Form
***(Must be conducted once per calendar year)**

Legal First Name: _____

Middle Initial: ____

Legal Last Name: _____

Other Names: _____

Country of Citizenship: _____

Gender: _____ Race: _____ Height: _____

Weight: _____ Eye Color: _____ Hair Color: _____

Date of Birth: _____ State/Country of Birth: _____

Armed Forces Number: _____

Social Security Number: ____ - ____ - ____

Signature: _____

Address: _____

Signature of Person Verifying Identity

Date: _____